

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 21, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT Code 73220 for date of service 11/26/02.

II. RATIONALE

The requestor billed on the HCFA-1500 CPT codes 73221-27, 73220-27 and 73220-27-51. The respondent has submitted two different EOBs showing payment. An EOB dated 01/11/03 shows payment in the amount of \$1,360.00 for CPT codes 73221-27 and 73220-27 and a denial of “F, (008 – has been disallowed as it is not typically performed at the same time as procedure code- and 663 – reimbursement has been calculated according to state fee schedule guidelines)” for CPT code 73220-27-51.

An EOB dated 03/31/03 was submitted to the requestor after MDR was filed showing an additional payment was rendered in the amount of \$143.00 for CPT codes 73221-27 and CPT code 73220-27-51.

The 1996 Medical Fee Guideline, Radiology/Nuclear medicine Ground Rules do not address these codes as being global to each other or disallowed because it is not typically performed at the same time as procedure code-.

Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (C) and CPT descriptor the MRI reports supports delivery of service. The requestor billed a total of \$4,126.50; the MAR for the CPT codes using the –27 modifier is \$680.00 for each CPT code for a total of \$2,040.00; the respondent paid a total of \$1,503.00; therefore, additional reimbursement in the amount of \$537.00 is recommended ($\$2,040.00 - \$1,503.00 = \537.00)

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 73220-27 in the amount of \$537.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$537.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR: M4-03-6557-01

The above Findings, Decision and Order are hereby issued this 18th day of March 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf